



RESPIRATORY CARE BOARD OF CALIFORNIA
3750 ROSIN COURT, SUITE 100
SACRAMENTO, CA 95834
(916) 999-2190/ (866) 375-0386 (TF)
www.rcb.ca.gov



LICENSE RENEWAL NOTICE AND INSTRUCTIONS

PART 1

PLEASE CAREFULLY READ THE FOLLOWING INSTRUCTIONS AND COMPLETE ALL REQUIRED SECTIONS ON THE LICENSE RENEWAL APPLICATION. YOUR LICENSE WILL NOT BE RENEWED UNTIL ALL REQUIREMENTS HAVE BEEN MET. THE AVERAGE PROCESSING TIME FOR A LICENSE RENEWAL IS 4 TO 6 WEEKS. YOU ARE ENCOURAGED TO SUBMIT YOUR RENEWAL PAYMENT EARLY TO ENSURE IT IS PROCESSED AND POSTED PRIOR TO YOUR EXPIRATION.

- | TYPE | LICENSE NO. | LICENSE EXPIRES | RENEWAL FEE PAID | DATE RENEWAL MAILED | YOUR CHECK NO. |
|------|--|-----------------|------------------|---------------------|----------------|
| A. | Mark this box ONLY if your current license status is "Inactive" and you are requesting to change the status to "Active." | | | | |
| B. | Mark this box ONLY if your current license status is "Active" and you are requesting to change the status to "Inactive." | | | | |
| C. | Indicate the number of continuing education units you have completed for this renewal period. You are NOT required to provide copies of your continuing education certificates at the time of renewal. Please see the enclosed insert for additional information regarding continuing education requirements. | | | | |
| D. | You are required to sign and date this statement under penalty of perjury. | | | | |
| E. | Please provide your name, address, telephone # and SSN in the space provided.
If this is a change of address, please mark the box entitled:
"Change of Address" | | | | |
| F. | Mark "Yes" if you have been convicted of any crime since your last renewal. | | | | |
| G. | Mark "No" if you have NOT been convicted of any crime since your last renewal. | | | | |
| H. | This section has been omitted, no information is required. | | | | |
| I. | Complete this section by providing the name, address and telephone number of your employer. | | | | |

FEE Submit the required fee, made payable to the Respiratory Care Board, in the form of a check or money order. Checks that are returned to the RCB as unpaid will be subject to a \$25 service fee and will result in a requirement that all future payments be in the form of a cashiers check or money order.

SATISFACTION SURVEY

Your opinion is valuable to our ongoing commitment to quality customer service. If you have the opportunity, we would appreciate you taking a moment to logon to www.rcb.ca.gov to complete a brief satisfaction survey. Thank you, in advance, for your input.

If you fail to renew your license, it becomes delinquent on the day after the expiration date which appears on your license and this form. Once your license has expired, you do not have the authority to practice respiratory care until all applicable fees and your complete renewal application have been received and posted to your licensing record. Practicing respiratory care in the State of California without a current and valid license is unlicensed practice and punishable by law.

PLEASE RENEW YOUR LICENSE EARLY

If your renewal payment is not received at least 30 days before your license expiration date, it is very likely that you will not receive your renewed pocket license before your current license expires. You must allow 4 to 6 weeks for the posting and processing of your renewal.

DETACH HERE AND RETAIN PART 1 FOR YOUR RECORDS.

LICENSE RENEWAL APPLICATION
RESPIRATORY CARE PRACTITIONER

Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

☐ CHANGE OF ADDRESS**CONTINUING EDUCATION:** I successfully completed **C.** _____ hours of continuing education as required for license renewal.**CONVICTIONS:** Since you last renewed your license, have you been convicted of, diverted for, or pled guilty or nolo contendere/no contest to any violation of any law of any state, the United States or a foreign country? You must disclose all misdemeanors and felonies (including but not limited to civil, welfare, health and safety, vehicle, or penal code convictions/diversions) and any conviction which has been dismissed pursuant to section 1203.4 of the Penal Code, or any similar provision of the law in another state, the United States or a foreign country.**F.** ☐ YES **G.** ☐ NO

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

D. Signature _____ **Date** _____IF POSTMARKED ON
OR BEFORE
EXPIRATION DATE**\$ 230.00**
AMOUNT DUEAMOUNT DUE IF
POSTMARKED AFTER
EXPIRATION DATE**\$ 460.00**

LICENSE STATUS

Please indicate license status

- A.**
- ☐
- ACTIVE
-
- B.**
- ☐
- INACTIVE

LICENSE NO LICENSE EXPIRATION

* To verify amount due, please contact the RCB at (916) 999-2190 or toll free at (866) 375-0386

Return to:

RESPIRATORY CARE BOARD OF CALIFORNIA
3750 ROSIN COURT, SUITE 100
SACRAMENTO, CA 95834**I. Employer Information**

Employer _____

City _____ State _____

Telephone Number _____